· •						TOTAL ADOL FEE
		. (Column 1)		(Column 2)	(Calumn 1)	•
AMENDMENT &		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST MUMBER PREVIOUSLY PAID FOR	PRESENT .	PATE
S	Di CHI HEGHI		Mirves	**		
3	independent . GF CFR 1.16(1)	· '	Minus			XL_e
¥		ATION OF MULTIPLE		37.04.11.00		X 8 =
3	FIRST PRESENT	ATION OF MULTIPLE	DEPEND	ENT CLAIM DI CE	l 1.16(d)	X8=

		· •			
	· ·	Ţ	7	· **. ist.	
	FATE	ADDI- TIONAL 1.FEE		PATE	ADDI-
ı	x =		. OR		FEE
I	X 8 m		. UR .	X \$ _ =	
Ì		 	OR	X 1	
L	TOTAL		OR	+ :	
	ADOL FEE		OR	TOTAL ADD'L FEE	

OR

ADO'L FEE

~

If the entry in column 1 is less than the entry in column 2, write '0' in column 3.

If the Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter '20'.

The Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter '3'.

The Highest Number Previously Paid For' (Total or independent) is the highest number found in the appropriate box in column 1.

Additional of information is accorded hit in the part of the highest number found in the appropriate box in column 1.

The Highest-Humber Previously Paid For (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to tild (and by the USFTO IS process) an apparation. Contracting the poverned by 35 U.S.C. 122 and 37 CFR 1.16. This contracts a stringled to take 12 miniples to complete the formation form to the USFTO. Then will vary depending upon the individual case. Any comment on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Department of Committee, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS

If you need essistence in completing the form, cell 1-800-PTO-9199 and select option 2